

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-476)							CLAIMING NO. 10/070601	FILED DATE
370-056,473 CLAIMS								
NO.	AS FILED		AFTER PLACEMENT		AFTER REPLACEMENT		NO.	FILED DATE
	DD.	DD.	DD.	DD.	DD.	DD.		
1							51	
2							52	
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43							93	
44							94	
45							95	
46							96	
47							97	
48							98	
49							99	
50							100	
TOTAL NO.	2		3		1		TOTAL NO.	
TOTAL FEE	22		22		28		TOTAL FEE	
TOTAL CLASS	24		23		28		TOTAL CLASS	

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